Non-Grandfathered Medical Benefit Summary
PSN 1250+0_20 S4

Boise State University GA Group Policy

Provider Network: PSN

<table>
<thead>
<tr>
<th>Annual Deductible</th>
<th>Per Person, Per Contract Year</th>
<th>Per Family, Per Contract Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating Providers</td>
<td>$1,250</td>
<td>$2,500</td>
</tr>
<tr>
<td>Non-participating Providers</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out of Pocket Limit</th>
<th>Per Person, Per Contract Year</th>
<th>Per Family, Per Contract Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating Providers</td>
<td>$4,500</td>
<td>$9,000</td>
</tr>
<tr>
<td>Non-participating Providers</td>
<td>$9,000</td>
<td>$18,000</td>
</tr>
</tbody>
</table>

Please note: Your actual costs for services provided by a non-participating provider may exceed this policy’s out-of-pocket limit for non-participating services. In addition, non-participating providers can bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company, and this amount is not counted toward the non-participating out-of-pocket limit.

BOISE STATE UNIVERSITY HEALTH CENTER

The University has an on-site health center that provides limited services to members at no cost to the member. See the ‘BSU Health Center Participating Providers’ column below.

The member is responsible for the above deductible and the following amounts:

<table>
<thead>
<tr>
<th>Service</th>
<th>BSU Health Center Participating Providers</th>
<th>Participating Providers</th>
<th>Non participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well baby/Well child care</td>
<td>No charge*</td>
<td>No charge*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Routine physicals</td>
<td>No charge*</td>
<td>No charge*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Well woman visits</td>
<td>No charge*</td>
<td>No charge*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Routine mammograms</td>
<td>No charge*</td>
<td>No charge*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Immunizations</td>
<td>No charge*</td>
<td>No charge*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Routine colonoscopy</td>
<td>No charge*</td>
<td>No charge*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Prostate cancer screening</td>
<td>No charge*</td>
<td>No charge*</td>
<td>Deductible then 40% co-insurance</td>
</tr>
</tbody>
</table>

<p>| Professional Services             |                                          |                         |                             |
| Office and home visits            | No charge*                               | Deductible then 20% co-insurance | Deductible then 40% co-insurance |
| Specialist office and home visits| No charge*                               | Deductible then 20% co-insurance | Deductible then 40% co-insurance |
| Office procedures and supplies    | No charge*                               | Deductible then 20% co-insurance | Deductible then 40% co-insurance |
| Surgery                           | Not available                            | Deductible then 20% co-insurance | Deductible then 40% co-insurance |
| Outpatient habilitation services  | Not available                            | Deductible then 20% co-insurance | Deductible then 40% co-insurance |</p>
<table>
<thead>
<tr>
<th>Service</th>
<th>BSU Health Center Participating Providers:</th>
<th>Participating Providers:</th>
<th>Non participating Providers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient rehabilitation services</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Hospital Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient room and board</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Inpatient habilitation services</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Inpatient rehabilitation services</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Skilled nursing facility care</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient surgery/services</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Advanced diagnostic imaging</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Diagnostic and therapeutic radiology/lab</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Urgent and Emergency Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent care center visits</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Emergency room visits – medical emergency</td>
<td>Not available</td>
<td>Deductible then $100 co-pay/visit plus 20% co-insurance</td>
<td>Deductible then $100 co-pay/visit plus 20% co-insurance</td>
</tr>
<tr>
<td>Emergency room visits- non-emergency</td>
<td>Not available</td>
<td>Deductible then $100 co-pay/visit plus 20% co-insurance</td>
<td>Deductible then $100 co-pay/visit plus 20% co-insurance</td>
</tr>
<tr>
<td>Ambulance, ground</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 20% co-insurance</td>
</tr>
<tr>
<td>Ambulance, air</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 20% co-insurance+</td>
</tr>
<tr>
<td>Maternity Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician/Provider services (global charge)</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Hospital/Facility services</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Mental Health/Chemical Dependency Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office visits</td>
<td>No charge*</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Inpatient care</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Residential programs</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Other Covered Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy injections</td>
<td>No charge*</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>No charge*</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Service</td>
<td>BSU Health Center Participating Providers:</td>
<td>Participating Providers:</td>
<td>Non participating Providers:</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------------------------</td>
<td>--------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Home health care</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
<tr>
<td>Massage therapy</td>
<td>No charge*</td>
<td>Deductible then 90% co-insurance</td>
<td>Deductible then 90% co-insurance</td>
</tr>
<tr>
<td>Transplants</td>
<td>Not available</td>
<td>Deductible then 20% co-insurance</td>
<td>Deductible then 40% co-insurance</td>
</tr>
</tbody>
</table>

This is a brief summary of benefits. Refer to your handbook for additional information or a further explanation of benefits, limitations, and exclusions.

^ Co-pay applies to ER physician and facility charges only. Co-pay waived if admitted into hospital.

* Not subject to annual deductible.

+ Please note that non-participating air ambulance coverage is covered at 200 percent of the Medicare allowable. Contact Customer Service with questions.
What is the annual deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that many services, especially preventive care, are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, the individual deductible applies for each member only until the family deductible has been met. Deductible expense is applied to the out-of-pocket limit.

Note that there is a separate category for participating and non-participating providers when it comes to meeting your deductible. Only participating provider expense applies to the participating provider deductible and only non-participating provider expense applies to the non-participating provider deductible.

What is the out-of-pocket limit?

The out-of-pocket limit is the most you’ll pay for covered medical expenses during the plan year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of covered charges for the rest of that year. The individual out-of-pocket limit applies only if you enroll without dependents. If you and one or more dependents enroll, the individual out-of-pocket limit applies for each member only until the family out-of-pocket limit has been met. Be sure to check your Member Handbook, as there are some charges, such as non-essential health benefits, penalties and balance billed amounts that do not count toward the out-of-pocket limit.

Note that there is a separate category for participating and non-participating providers when it comes to meeting your out-of-pocket limit. Only participating provider expense applies to the participating provider out-of-pocket limit. Only non-participating provider expense applies to the non-participating provider out-of-pocket limit.

Payments to providers

Payment to providers is based on the prevailing or contracted PacificSource fee allowance for covered services. Participating providers accept the fee allowance as payment in full. Non-participating providers are allowed to balance bill any remaining balance that your plan did not cover. Services of non-participating providers could result in out-of-pocket expense in addition to the percentage indicated.

Preauthorization

Coverage of certain medical services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called 'preauthorization'. Preauthorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan’s eligibility requirements. You'll find the most current preauthorization list on our website, PacificSource.com.
This PacificSource health plan includes coverage for prescription drugs and certain other pharmaceuticals, subject to the information below. This benefit includes some drugs required by federal health care reform.

The amount you pay for covered prescriptions at participating and non-participating pharmacies applies toward your plan’s participating medical out-of-pocket limit, which is shown on the Medical Benefit Summary. The co-payment and/or co-insurance for prescription drugs obtained from a participating or non-participating pharmacy are waived during the remainder of the contract year in which you have satisfied the medical out-of-pocket limit.

**PREVENTIVE LIST OF DRUGS**
Your prescription benefit includes certain outpatient drugs as a preventive benefit at no charge*. This includes specific generic drugs that are taken regularly to prevent a disease or to keep a specific disease or condition from coming back after recovery. Preventive drugs do not include drugs for treating an existing illness, injury, or condition. Preventive drugs are not subject to the deductible. To get a list of covered preventive drugs, call Customer Service or visit PacificSource.com/drug-list/.

Each time a covered preventive drug is dispensed, you are responsible for the amounts below:

<table>
<thead>
<tr>
<th></th>
<th>Tier 1:</th>
<th>Tier 2:</th>
<th>Tier 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating Retail Pharmacy^</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to a 30 day supply:</td>
<td>$25 co-pay*</td>
<td>$45 co-pay*</td>
<td>$75 co-pay*</td>
</tr>
<tr>
<td>Participating Mail Order Pharmacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to a 30 day supply:</td>
<td>$25 co-pay*</td>
<td>$45 co-pay*</td>
<td>$75 co-pay*</td>
</tr>
<tr>
<td>31 - 90 day supply:</td>
<td>$25 co-pay*</td>
<td>$135 co-pay*</td>
<td>$225 co-pay*</td>
</tr>
<tr>
<td>Non-participating Pharmacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 day max fill, no more than three fills allowed per year:</td>
<td>Same as retail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 4 Specialty Drugs – Participating Specialty Pharmacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to a 30 day supply:</td>
<td>Same as retail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 4 Specialty Drugs – Not filled through Participating Specialty Pharmacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 day max fill, no more than three fills allowed per year:</td>
<td>90% co-insurance*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compound Drugs**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to a 30 day supply:</td>
<td>$75 co-pay*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

^ Remember to show your PacificSource ID Card each time you fill a prescription at a retail pharmacy. If your ID card is not used, your benefits cannot be applied.

* Not subject to annual medical deductible

** Compounded medications are subject to a prior authorization process. Compounds are generally covered only when all commercially available formulary products have been exhausted and all the ingredients in the compounded medication are on the applicable formulary.

MAC B - Unless the prescribing provider requires the use of a brand name drug, the prescription will automatically be filled with a generic drug when available and permissible by state law. If you
receive a brand name drug when a generic is available, you will be responsible for the brand name drug’s co-payment and/or co-insurance plus the difference in cost between the brand name drug and its generic equivalent. If your prescribing provider requires the use of a brand name drug, the prescription will be filled with the brand name drug and you will be responsible for the brand name drug’s co-payment and/or co-insurance. The cost difference between the brand name and generic drug does not apply toward the medical plan’s out-of-pocket limit.

See your member handbook for important information about your prescription drug benefit, including which drugs are covered, limitations, and more.
Boise State University GA Group Policy

This benefit allows you to receive services from licensed providers for medically necessary treatment of illness or injury. The service must be within the scope of the provider’s license. Refer to the Medical Benefit Summary for your deductible, co-payment and/or co-insurance information.

**Covered Services**

- Massage therapy from a licensed provider for medically necessary treatment of myofascial, neuromusculoskeletal, or pain syndromes. A referral from your medical provider is required.

The benefit for all massage therapy is limited to 20 visits per person in any contract year.

**Excluded Services**

- Any service or supply noted as being excluded or not otherwise covered by the medical plan.
- Homeopathic medicines or homeopathic supplies.
- Services or supplies from a Naturopathic provider.
- Chiropractic manipulation.
- Acupuncture.
PacificSource Health Plans
Member Guide

We’re Here to Help
At PacificSource, everything we do revolves around taking care of people. You are welcome to call us toll-free. Our customers enjoy average on-hold times of less than 20 seconds, and phone contact with a live person—not automated response systems. Or email us. One of our friendly, professional Customer Service Representatives will be happy to assist you.

Your PacificSource ID Card
ID cards will be mailed directly to your home. You should receive your cards within a few weeks after enrollment. Please begin using the new cards as soon as you receive them, and discard any old cards. When you visit your doctor or pharmacy, be sure to present your card to ensure they have the correct insurance information.

Note: Some health plans ask you to select a primary care provider (PCP). You are welcome to contact our Customer Service Department if you have any questions or if you have not received your ID cards. Once your coverage has started, you can print a temporary ID card from PacificSource.com/idcard.

myPacificSource Mobile App
Stay “InTouch” with your PacificSource coverage, no matter where you are, with our free mobile app. Securely access your InTouch account to view your ID card or check your deductibles and out-of-pocket totals. Use myPacificSource to find a provider, hospital, or urgent care center, or access our 24-Hour NurseLine.

The myPacificSource app is available for both iPhone® and Android™. Visit PacificSource.com/mobile.

For more new-member information, visit PacificSource.com/welcomemembers

continued on next page
PacificSource.com
Our website offers you a wealth of tools, information, and resources to help you make the most of your PacificSource benefits.

InTouch
Access Coverage and Benefit Information
InTouch, our secure web portal at PacificSource.com, allows you to easily and conveniently manage your insurance coverage and health 24/7. Log into InTouch to:

- Look up coverage information in your Member Handbook or read benefit summaries.
- Look up claims.
- View Explanation of Benefits for paid claims.
- Review your family’s enrollment history.
- Check your deductible or out-of-pocket status.
- Track preauthorization and referral requests.
- Look up your share of your family's healthcare expenses.
- Change your address (only available for select plans).
- Order replacement ID cards.

CaféWell
CaféWell is a secure online health engagement portal with personalized information and tools to help you make the most of your health. Log into InTouch and click CaféWell to:

- Complete the health assessment to identify your potential health risks.
- Participate in health and wellness activities and programs.
- Get your health and wellness questions answered by an expert health coach.
- Connect with family, friends, and others who are focused on similar health goals.
- Access helpful tips and articles on health and wellness.

Provider Networks
Your plan uses participating provider networks to ensure maximum access to providers for all members. You can find providers online or by calling Customer Service for assistance.

Note: Your plan network is listed on your member ID card.

To access our online directory, visit PacificSource.com and click Find a Doctor. Be sure to select the appropriate network for your area and plan. You can search by specialty, name, location, or other details to access a list of providers that fit your criteria. Or you can create your own personalized provider directory to download and print.

Outside Our Service Areas
If you are traveling or live outside of Idaho, Montana, Oregon, or Clark, Cowlitz, Klickitat, Pacific, Skamania, and Wahkiakum counties in Washington, use one of the following networks:

- Alaska and Washington (except counties noted above): First Choice Health™ Network
- All other states (except Alaska, Washington, and those noted above): The First Health® Network

To locate First Choice Health Network participating providers in Washington and Alaska, visit PacificSource.com, click on Find a Doctor, and then click on the link to the First Choice Health Network.

To locate First Health Network participating providers, visit PacificSource.com, click on Find a Doctor, and then click on the link to the First Health Provider Directory. Or call First Health toll-free at (800) 226-5116. Si habla Español—Spanish speaking representatives are available.

For specific plan benefits, refer to your summary or member handbook.

Dental Network Plans (ID & OR)
If your coverage includes a Dental Advantage Network plan (Idaho and Oregon only), you can save money by using Dental Advantage Network providers. You’ll pay your plan’s copayment, deductible, and/or coinsurance at the participating provider level.

For Dental Advantage Essentials plans, you’re only covered when you see a provider who participates in the Dental Advantage Essentials Network.

Emergency Medical Help While Traveling
If you experience a medical emergency while traveling 100 or more miles from home or abroad, Assist America® Global Emergency Services can help. Please see the back page for more information.
Care Management

**Condition Support Programs**
One-on-one support is available if you have a chronic health conditions: heart failure, COPD, coronary artery disease, diabetes, or asthma. If your pharmacy and medical claims indicate that you might have a chronic condition, or if we receive referrals from a case manager or physician, you may be invited to participate. The goal of the program is to improve your health outcomes.

**Case Management Services**
If you have an ongoing medical need, our Nurse Case Managers can help. PacificSource Nurse Case Managers, all of whom are registered nurses with extensive experience, work with you and your healthcare providers to ensure continuity of care and prevent breaks in necessary medical services. Should you need help managing specific healthcare needs, our Nurse Case Managers will become involved, helping improve your health, financial outcomes, and quality of life. Examples include:
- Special-needs children
- Transplants
- Chronic pain
- Extended hospital care
- Skilled nursing care
- Coordination of home health or equipment

For more information, contact PacificSource Customer Service.

**Pharmacy**

**Using the CVS Caremark® Pharmacy Network**
PacificSource contracts with CVS Caremark for pharmacy management services. If your health plan includes a prescription drug benefit, you can enjoy discounts available through our contract with CVS Caremark without completing a claim. Just show your PacificSource ID card when you purchase prescriptions. Participating retail pharmacies will collect your share of the drug’s cost, then bill PacificSource directly for the balance.

CVS Caremark’s network includes about 98 percent of all walk-in pharmacies in the United States. Ask your local pharmacy’s staff if they participate with CVS Caremark, or look up the pharmacy on the CVS Caremark website at https://www.caremark.com/wps/portal.

**Mail Order Service**
We partner with both CVS Caremark and Wellpartner Pharmacy for mail order services. If your plan includes prescription drug coverage, mail order is a convenient and cost-saving option.

**CVS Caremark**

Caremark.com
(866) 329-3051

CVS Caremark
PO Box 659541
San Antonio, TX 78265-9541

**Wellpartner**

Wellpartner.com
(877) 568-6460

Wellpartner, Inc.
PO Box 5909
Portland, OR 97228-5909

**Preauthorization and Step Therapy**
If you are new to PacificSource and have a prescription for a drug that would normally require preauthorization or Step Therapy under your plan, we will help to ease your transition to PacificSource by extending your existing drug therapy for 90 days when possible. This will give you and your provider time to review drug options.

**Specialty Pharmacy**
CVS Caremark® Specialty Pharmacy Services is our exclusive provider for high-cost injectable medications and biotech drugs. If you are taking a specialty medication, contact Caremark’s Specialty CareTeam at (800) 237-2767 to get set up.

**Pharmacy Services**

(541) 225-3784 or (800) 624-6052, ext. 3784

**PacificSource Drug Lists**
The PacificSource drug lists are guides to help your doctor identify medications that can provide the best clinical results at the lowest cost. To find out which list applies to your pharmacy plan, check your Summary of Benefits or PacificSource member ID card.

Our Preventive drug list and Incentive drug list (for certain plans) are also available online.

To access our drug lists and to learn more, visit PacificSource.com/drug-list.

continued on next page
No-Cost Extras
Your PacificSource coverage also includes the following no-cost wellness programs and services:

24-Hour NurseLine
Have a health-related question? Call our 24-Hour NurseLine. Staffed around the clock, seven days a week, you’ll never be without a registered nurse to talk to when you have health-related questions. To access our 24-Hour NurseLine toll free, call (855) 834-6150.

Travel Emergency Assistance Program
If you experience a medical emergency while traveling 100 or more miles from home or abroad, you can access services provided by Assist America® Global Emergency Services at no cost. Services include medical consultation and evaluation, medical referrals, foreign hospital admission guarantee, critical care monitoring, and when medically necessary, evacuation to a facility that can provide treatment. Assist America is not travel or medical insurance; rather, it is a provider of global emergency services. All medical costs incurred should be submitted to PacificSource and are subject to the limits of your policy.

Save on Popular Weight Management Programs
As a part of your PacificSource medical coverage:

- Receive a Jenny Craig® program discount: 50 percent off the enrollment fee (normally $99), plus five percent off all Jenny Craig food.

For full details and eligibility requirements, visit the Members> Extras and Wellness area of PacificSource.com.

Tobacco Cessation: Helping You Quit Tobacco for Good
Our Quit For Life® program, brought to you by Alere Wellbeing and the American Cancer Society, can help tobacco users quit.

To enroll, call Quit For Life toll-free at (866) QUIT-4-LIFE (784-8454). You’ll receive:

- One-on-one phone-based sessions scheduled at your convenience.
- Unlimited toll-free telephone access to the Quit Coaches while you are in the program.
- Membership to Web Coach, where you can build your own Quitting Plan, track your progress, and interact with other participants and Quit Coaches.
- Recommended nicotine replacement products, such as an eight-week supply of nicotine patches or gum (sent directly to you from the program), or the medications bupropion, bupropion SR, or Chantix (when prescribed by your doctor).
- A Quit Kit of materials designed to help you stay on track.

Health and Wellness Education
You can receive reimbursement for hospital-based health and wellness education classes in your area. The program will reimburse you for up to $50 per eligible class or class series, up to a maximum of $150 per member per plan year.

Prenatal Care
Our Prenatal Program helps expectant mothers reduce their risk of premature birth. Participants receive educational materials and toll-free telephone access to a nurse consultant. High-risk members receive additional nurse support. Once the baby is born, you’ll receive an additional package containing helpful parenting information.

Registration for the program is easy—just visit the Members> PacificSource Extras and Wellness area of PacificSource.com and click on the Prenatal Program link. After you register, a prenatal information package with everything you need will be sent directly to your home.

Prenatal vitamins: In addition, pregnant members with pharmacy coverage are eligible to receive up to nine months of physician-prescribed prenatal vitamin supplements at no cost (all copays and deductibles are waived). This program covers two generic prenatal vitamins, which are only available through Wellpartner mail order pharmacy.

Wellness for Kids
Children age four, six, and nine currently covered by a PacificSource medical plan may be invited by mail to join HealthKicks!, a children’s program that promotes healthy behaviors. Children enrolling in HealthKicks! will receive age-appropriate, educational activity booklets in the mail with fun information on topics such as nutrition, exercise, and good health habits.

Visit PacificSource.com for details about these and other no-cost programs and services.
One simple phone call to the number on your Scholastic Emergency Services (SES) identification card will connect you to:

- A state-of-the-art Operations Center
- Worldwide response capabilities
- Experienced crisis management professionals
- Air and ground ambulance service providers

SES completely arranges and pays for the assistance services it provides without limits on the cost. This alleviates many of the obstacles and potential expenses that can be caused by medical emergencies away from home or campus.

SES is not insurance, rather it is a provider of global emergency services.* SES services do not replace medical insurance during emergencies. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage.

**Key Services**

- Medical Consultation, Evaluation and Referral
- Hospital Admission Assistance
- Emergency Medical Evacuation
- Medical Monitoring
- Medical Repatriation
- Prescription Assistance
- Compassionate Visit
- Care of Minor Children
- Return of Mortal Remains
- Emergency Trauma Counseling
- Lost Luggage Assistance
- Interpreter & Legal Referrals
- Pre-trip Information
- Return of Vehicle

And much more...

*All services must be arranged and provided by SES. No claims for reimbursement will be accepted. The SES services in this brochure are only intended to serve as a general overview of the emergency travel assistance services available. The services available to you through your plan may vary from what is listed in this brochure. For a complete description of the services that are provided to you by your plan, please consult your service certificate provided by your school’s program administrator and/or the fulfillment material provided by SES.

Please detach card and carry with you at all times.

**Reference Number 01-SES-PSH-08153**

If you require medical assistance and are more than 100 miles from your permanent residence, campus, or in another country, call the SES Operations Center at:

1-877-488-9833 (inside USA)
+1-609-452-8570 (outside USA)

Or email at: medservices@assistamerica.com

Attention: This card is not a medical insurance card. All services must be provided by SES. No claims for reimbursement will be accepted. The holder of this card is a member of SES and is entitled to its medical and personal services.
Conditions

SES will not provide services in the following instances:

• Travel undertaken specifically for securing medical treatment
• Injuries resulting from participation in acts of war or insurrection
• Commission of unlawful act(s)
• Attempt at suicide
• Incidents involving the use of drugs unless prescribed by a physician
• Transfer of member from one medical facility to another medical facility of similar capabilities and providing a similar level of care

SES will not evacuate or repatriate a member:

• Without medical authorization
• With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home
• With a pregnancy over six months
• With mental or nervous disorders unless hospitalized

Exclusions

• Trips exceeding 120 days from legal residence or campus without prior notification to SES (separate purchase of Expatriate coverage is available)

While assistance services are available worldwide, transportation response time is directly related to the location/jurisdiction where an event occurs. SES is not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond its control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems, or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under the control of SES. SES is not responsible or liable for any malpractice committed by professionals rendering services to a member.
Benefits While Traveling Abroad

When you’re planning a vacation or business trip, the last thing you want to worry about is what will happen if you need medical attention away from home.

Here’s what you need to know to use your PacificSource benefits while abroad.

**Always Carry Your PacificSource Member ID Card**
Your member ID card lets providers know you’re covered and includes helpful network and contact information.

**Contact PacificSource if Hospitalized**
If admitted to a hospital, you or the person you’ve authorized to speak on your behalf must notify our Health Services Department at (541) 684-5584 as soon as possible. Use country code 001 from outside the United States.

**Obtain an Itemized Bill for the Services You Receive**
The bill needs to include an itemized list of all services performed. The bill should also include the date you received services and state a diagnosis. The bill needs to include fees charged for services.

**Pay for the Services Yourself**
PacificSource will reimburse you for the itemized services that are covered under your plan, up to the amount specified by your plan.

**Have Information Translated Into English, if Possible**
This will speed up the reimbursement process. However, if you are unable to have the information translated, we will have it done by our translation service.

**Submit the Claim to PacificSource**
Mail or fax your itemized bill for services to us. Make sure to include the name of the member who received services, along with the group number and ID number.

**Out of the Country Services May Require Preauthorization**
Medical services received while outside the United States, except unexpected illness or injury while traveling or residing out of the country, require preauthorization from the PacificSource Health Services Department and may not be covered. Please see your plan materials for more information, or call Health Services at (541) 684-5584.
After You Submit Your Claim, We’ll Take the Following Steps

Assign CPT Codes for Services Received
CPT codes are what we use to determine the amount PacificSource will reimburse for a particular service. We base those reimbursement amounts on what are called UCR (usual, customary, and reasonable) rates.

Keep in mind that providers out of the country aren’t participating PacificSource providers, and they may charge more than the UCR rate for a service. If that happens, you will be responsible for the difference.

Process the Claim
We’ll use the itemized bill you provide to process the claim.

Provide Reimbursement to You
It’s a good idea to confirm that we have your correct address for mailing your reimbursement check to you.

Obtain the Exchange Rate for Monies on the Date of Service
Since you’ll have paid with a different currency, PacificSource will protect you from sudden fluctuations in monetary exchange rates by reimbursing you at the exchange rate for that date.

Assist America®
Your PacificSource benefit package includes a unique global emergency services program provided by Assist America. This program connects you to doctors, hospitals, pharmacies, and other services when faced with a medical emergency while traveling 100 miles or more away from your permanent residence or abroad.

Assist America’s Operations Center is staffed 24 hours a day, 365 days a year with trained multilingual and medical personnel, including nurses and doctors, to advise and assist you in a medical emergency.

Key services include: medical consultation, evaluation and referral, hospital admission guarantee, emergency medical evacuation, critical care monitoring, medical repatriation, prescription assistance, and emergency message transmission.

For more details, visit PacificSource.com/assist-america.
No-cost Extras for You

Our extra tools, benefits, and programs are how we add value to your health plan. These extras help you make the most of your plan and live a healthier life. You can find more information about these programs and services at PacificSource.com/extras.

Wellness Programs

24-Hour NurseLine
Have a health-related question? Call our 24-Hour NurseLine.Staffed around the clock, seven days a week, you’ll never be without a registered nurse to talk to when you have health-related questions. To talk to a nurse, call toll-free (855) 834-6150.

Tobacco Cessation
Our Quit For Life® program, brought to you by Alere Wellbeing and the American Cancer Society, offers one-on-one treatment sessions with a professional Quit Coach to help tobacco users kick the habit. As a participant, you may also receive gum or patches as nicotine replacement therapy. When prescribed by your doctor, certain prescription medications to help you quit tobacco are available.

Health and Wellness Education
You can receive a reimbursement for hospital-based health and wellness education classes in your area. The program will reimburse you for up to $50 per eligible class or class series, up to $150 per member per plan year.

Prenatal Care Program
Our Prenatal Care Program helps expectant mothers learn more about their pregnancy and the development of their child. Participants receive educational materials and toll-free phone access to a nurse consultant. High-risk members receive additional nurse support.

In addition, pregnant members with pharmacy coverage are eligible to receive nine months of prenatal vitamins at no cost.

Weight Management Programs
As a part of your PacificSource medical coverage:

- Participate in a Weight Watchers® program and receive an annual reimbursement of $100 ($40 if an online Weight Watchers participant) for your Weight Watchers membership. Complete a minimum of ten weeks during a consecutive four-month period to be eligible.
- Receive a Jenny Craig® program discount: 50 percent off the enrollment fee (normally $99), plus five percent off all Jenny Craig food.

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Discounted Gym Membership
As a PacificSource member, you have access to discounted gym memberships of up to $120 per year through GlobalFit.

Wellness for Kids
Six- and nine-year-olds currently covered by a PacificSource medical plan are invited to join HealthKicks!, a children’s program that promotes healthy behaviors.

Children enrolling in HealthKicks! will receive age-appropriate, educational activity sheets in the mail with fun information on topics such as nutrition, exercise, and good health habits.

Travel Emergency Assistance Program
Assist America® Global Emergency Services
If you experience a medical emergency while traveling 100 or more miles from home or abroad, you can access services provided by Assist America at no cost. Services include medical consultation and evaluation, medical referrals, foreign hospital admission guarantee, critical care monitoring, and when medically necessary, evacuation to a facility that can provide treatment.

Pharmacy
Mail Order Service
We partner with both CVS Caremark® and Wellpartner® Pharmacy for mail order services. If your plan includes prescription drug coverage, mail order is a convenient and cost-saving option.

CVS Caremark
Web: Caremark.com
Phone: (866) 329-3051
Address: CVS Caremark
PO Box 659541
San Antonio, TX 78265-9541

Wellpartner
Web: Wellpartner.com
Phone: (877) 568-6460
Address: Wellpartner, Inc.
PO Box 5909
Portland, OR 97228-5909

Care Management
Condition Support Programs
One-on-one support is available to members with chronic conditions. Members are invited to participate in a condition support program if they have heart failure, COPD, coronary artery disease, diabetes, or asthma. Participants are identified using pharmacy and medical claims that would indicate a member might have a chronic condition, or through referrals from a case manager or physician. The goal of the program is to improve health outcomes.

AccordantCare®
Our AccordantCare Rare Disease Program provides ongoing one-on-one support and care coordination to people with certain chronic, rare conditions. The program helps ensure optimal care, decrease complications, and improve health outcomes.

Caremark Specialty Pharmacy
Members with conditions that require injectable medications and biotech drugs have access to our specialty pharmacy program through Caremark® Specialty Pharmacy Services. A pharmacist-led CareTeam provides individual follow-up care and support.

Case Management Services
If you have an ongoing medical need, our Nurse Case Managers can help. PacificSource Case Managers, all of whom are registered nurses with extensive experience, work with you and your healthcare providers to ensure continuity of care and prevent breaks in necessary medical services. Should you need help managing specific healthcare needs in the future, our Case Managers will become involved, helping improve your health, financial outcomes, and quality of life. Examples include:

- Special-needs children
- Transplants
- Chronic pain
- Extended hospital care
- Skilled nursing care
- Coordination of home health or equipment.

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Online Tools and Resources

Our website, PacificSource.com, offers you a wealth of tools, information, and resources to help you make the most of your PacificSource benefits.

InTouch: Access Coverage and Benefit Information
By logging into InTouch, you can easily and conveniently manage your insurance coverage and health 24/7. InTouch lets you:

- Look up coverage information and review benefit summaries in your Member Handbook.
- Check the status of a claim and access your claim history.
- View explanation of benefits (EOB) for paid claims.
- Review your family enrollment history.
- Calculate expenses accumulated towards your plan’s deductible.
- Order new ID cards.
- Take advantage wellness programs through CaféWell.

myPacificSource Mobile App
Stay “InTouch” with your PacificSource coverage, no matter where you are, with our free mobile app. The myPacificSource app is available for both iPhone® and Android™. Visit PacificSource.com/mobile.

CaféWell
CaféWell is a secure online health engagement portal with personalized information and tools to help you make the most of your health. Log into InTouch, then click Benefits > Wellness – CaféWell to:

- Complete the health assessment to identify your potential health risks
- Participate in health and wellness activities and programs
- Get your health and wellness questions answered by an expert health coach
- Connect with family, friends, and others who are focused on similar health goals
- Access helpful tips and articles on health and wellness

Provider Directory
Our online provider directory makes it easy to find participating healthcare providers for your plan. You can search by specialty, name, location, or other details to access a listing of providers that fit your criteria. Or, you can create your own personalized provider directory to download and print.

To access the directory, go to PacificSource.com/find-a-provider.

Please note: These value-added programs are not available with all plans. Check with your plan administrator or our Customer Service Department for details.
Access Your Plan Info from Your Computer, Tablet, or Phone

We know your busy schedule doesn’t always coincide with our customer service hours. To help, we offer InTouch for Members, a secure website available 24/7 from any computer or mobile device.

Access Your Benefits and Wellness Resources Online

Once you’ve registered for InTouch, you can review your covered services, services you’ve received, deductibles, co-insurance, co-pays, explanation of benefits, and more.

InTouch is Easy to Use

• Look up coverage information and review benefit summaries.
• Check the status of a claim and access your claim history.
• View explanation of benefits (EOB) statements for paid claims.
• Go paper-free by setting your preferences to receive notices, such as EOB alerts by email.
• Change your address.
• Check your out-of-pocket amounts.
• Order new ID cards or print temporary ones.
• Use CaféWell, a secure online health engagement portal, to help you make the most of your health (available only to medical members age 18 and older).

What You See When You Log Into InTouch

Covered Services
View a list of common services and their associated co-pays and co-insurance, right from your homepage. If you’re looking for a more complete list of covered services, you can view that, too.

Service Allowances
With your plan, you have several covered services, such as routine physicals or “well care” visits. From the InTouch homepage, you can get a quick look at a few covered services, how many of the services you’re allowed based on your benefits, and how many of those services you have left.

Deductibles
Your plan includes annual deductibles, which must be met each year before your

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benefits begin to pay for most healthcare services. When you log into InTouch, you can quickly see what your deductibles are and how much of your deductible amounts you’ve met.

Explanation of Benefits (EOB)
View all EOB statements online. (You’ll still continue to get EOBs in the mail unless you choose to opt out of paper.)

Additional Resources and Information
Using InTouch, you have access to even more information about your plan benefits, tools, and wellness resources, including:

- ID card
- Provider Directory
- Treatment cost navigator
- Reimbursement accounts
- Claims and reports
- Referrals and preauthorizations
- Extra benefits

Personalized Support Through CaféWell
With CaféWell through InTouch, you can:

- Complete the health assessment to identify your potential health risks.
- Get your health and wellness questions answered by an expert health coach.
- Connect with family, friends, and others who are focused on similar health goals.
- Access helpful tips and articles on health and wellness.

Get Started!
From your InTouch home page:

1. Select the Benefits menu.
2. Click Wellness – CaféWell.
3. Follow the on-screen instructions to complete the registration process.

You’ll create a new username and password specifically for CaféWell. This will allow you to log in directly from CaféWell.com on your next visit or through the CaféWell mobile app.

Register for InTouch Today!
To start using InTouch, simply visit our website from any mobile device and sign up:

2. Under Access Your Benefit Information, click InTouch for Members.
3. Enter your username and password to log in.

New InTouch Users: If you have never used InTouch, follow steps one and two, above. Then, follow the on-screen instructions to sign up. You’ll need your member ID to register.

During the registration process, you will receive an email with your access pin. This pin is only valid within the first two hours of the email being sent, so be sure to complete the registration process before your pin expires to prevent being locked out of your account.

Remember to add PacificSource email addresses to your safe sender list to prevent the email with your pin from being blocked.

Stay “InTouch” On the Go with Our Mobile App
Stay “InTouch” with your PacificSource coverage—no matter where you are—with myPacificSource, our free mobile app. You can download the app from the Apple App Store, Amazon, or Google Play.

Use myPacificSource to:

- Access our 24-Hour NurseLine.
- Find a provider, hospital, or urgent care center.
- Save a provider’s contact information to your contact list.

Log into InTouch through the app to:

- Access your ID card, anytime.
- Check your deductible and out-of-pocket totals.

To learn more about our mobile app, visit PacificSource.com/mobile.